

MHN

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**FILED**  
1-16-2008  
JAN 16 2008

Calvin E. Benford

v.

Chicago Beverage Systems

07.C6958  
CASE NO. ~~07-C-6461~~

JUDGE DAVID H. COAR

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

NOTICE OF FILING

TO: Clerk of the U.S. District Court

I, Calvin E. Benford, filed a Supplemental Financial Affidavit, pursuant to the Court's order dated 1/9/2008.

Dated: January 16, 2008

Calvin E Benford - 1-16-08  
Calvin E. Benford  
126 North Karlov  
1<sup>st</sup> Floor  
Chicago, IL 60624

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**FILED**  
1-16-2008  
JAN 16 2008

Calvin E. Benford

v.

Chicago Beverage Systems

07C 6958

CASE NO. ~~07C 6461~~

JUDGE DAVID H. COAR

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

SUPPLEMENTAL FINANCIAL AFFIDAVIT

Before December 28, 2007, my pay check twice monthly was \$312.06 for a total monthly income of \$624.12. After December 28, 2007, my pay check is now \$500.84 twice a month for a total of \$1001.68.

Before December 28, 2007 my child support payments were about 249.00 twice monthly. Starting December 28, 2007, child support payments were reduced to \$110.58 and the child support payments are now \$110.58 twice monthly.

The name of my dependant, one daughter, is Kristen Benford. Child support payments are deducted from my paycheck in the amount of \$110.58 twice monthly - copies of earning statements and Administrative Support order - modification are attached.

My rent payment is a total of \$500.00 monthly. Transportation to and from work \$80.00 monthly.

Dated: January 16, 2008

Calvin E Benford 1-16-08  
Calvin E. Benford  
126 North Karlov  
1<sup>st</sup> Floor  
Chicago, IL 60624

CO. FILE DEPT. CLOCK NUMBER  
80Y 047494 888210 183 0080404214 1

avis budget group

090:0085

AVIS BUDGET CAR RENTAL, LLC  
8 SYLVAN WAY  
PARSIPPANY, NJ 07054

## Earnings Statement

Period Beginning: 12/15/2007  
Period Ending: 12/30/2007  
Pay Date: 01/04/2008Taxable Marital Status: Single  
Exemptions/Allowances:  
Federal: 0  
IL: 0CALVIN BENFORD  
126 N. KARLOV  
CHICAGO IL 60624

Earnings	rate	hours	this period	year to date
Regular	8.5000	64.00	544.00	544.00
Overtime	12.7500	8.00	102.00	102.00
Holiday Pay	8.5000	16.00	136.00	136.00
				782.00

Deductions	Statutory		
Federal Income Tax		-87.30	87.30
Social Security Tax		-48.48	48.48
Medicare Tax		-11.34	11.34
IL State Income Tax		-23.46	23.46
Other			
Support 1		-110.58	110.58

Your federal taxable wages this period are \$782.00

CO. FILE DEPT. CLOCK NUMBER  
80Y 047494 888210 183 0080371837 1

avis budget group

071:0048

AVIS BUDGET CAR RENTAL, LLC  
8 SYLVAN WAY  
PARSIPPANY, NJ 07054

## Earnings Statement

Period Beginning: 11/17/2007  
Period Ending: 11/30/2007  
Pay Date: 12/07/2007Taxable Marital Status: Single  
Exemptions/Allowances:  
Federal: 0  
IL: 0CALVIN BENFORD  
126 N. KARLOV  
CHICAGO IL 60624

Earnings	rate	hours	this period	year to date
Regular	8.5000	54.00	544.00	5,984.00
Hold Wrk 1.5	8.5000	8.00	102.00	
Holiday Pay	8.5000	16.00	136.00	136.00
Overtime				1,654.33
				7,876.33

Deductions	Statutory		
Federal Income Tax		-87.30	87.30
Social Security Tax		-48.48	48.48
Medicare Tax		-11.34	11.34
IL State Income Tax		-23.46	23.46
Other			
Quess Bd781A		-50.00	
Support 1		-249.00	249.00

Your federal taxable wages this period are \$782.00

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TEAR HERE

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## IL Dept of Healthcare and Family Services

IN THE MATTER OF  
BENFORD, ROSEMARY,  
OBLIGEE  
AND  
BENFORD, CALVIN,  
OBLIGOR

Administrative Order No: 200A000307  
IV-D NO: C00404088  
CP RIN: 123278024  
NCP RIN: 123278032  
FIPS CODE: 17000

## ADMINISTRATIVE SUPPORT ORDER- MODIFICATION

ESTA ES UNA ORDEN IMPORTANTE. SI USTED NO ENTIENDE ESTA ORDEN, COMUNIQUESE CON EL PROGRAMA DE MANTENIMIENTO DE NIÑOS QUIEN SE LA EXPLICARA.

THIS IS AN IMPORTANT ORDER. IF YOU DO NOT UNDERSTAND THIS ORDER, CONTACT CHILD SUPPORT WHO CAN EXPLAIN IT TO YOU.

Notice of Modification Review Results having been provided to BENFORD, CALVIN, the non-custodial parent, (hereinafter Obligor) and BENFORD, ROSEMARY, the custodial parent (hereinafter Obligea) in accordance with 305 ILCS 5/10 and 89 Ill. Adm. Code 180.85, the Department has reviewed its payment records under the existing Administrative Support Order and other financial information to decide the Obligor's ability to support.

## THE DEPARTMENT FINDS:

1. BENFORD, CALVIN, Social Security No: \_\_\_\_\_ is obligated for the support of BENFORD, KRISTEN, born 03/29/90.
2. The Obligor's net income is \$213.14 per week after reducing total income of \$213.14 per week by the deductions required.
3. The applicable support guideline is 20% of the Obligor's net income, resulting in a minimum support amount of \$42.62 per week.
4. Health insurance coverage for the child is not being furnished.

## WHEREFORE IT IS ORDERED THAT THE OBLIGOR SHALL:

- A. Pay \$42.62 per week as current support effective June 2, 2007, until March 29, 2008, which is no earlier than the youngest child's 18th birthday. (The end date does not apply to any support that remains unpaid on that date.)

Effective June 2, 2007 current support shall increase to \$42.62 per week.

Pay \$8.52 per week on any delinquency that accrues after entry of this order. This amount represents 20% of the total amount of the current support and the amount to be paid periodically for payment of any arrearage stated in this order.

Post Bond of \$ \_\_\_\_\_ on or before \_\_\_\_\_.

A support obligation or any portion of a support obligation required under this order which becomes due and remains unpaid for thirty (30) days or more will accrue simple interest at the rate of 9% per annum.

When remitting payments include the following information: (order/docket number), (FIPS number, which designates the county in which the order was entered), (Obligor's first and last name), (Obligor's RIN) and make payable to the:

State Disbursement Unit  
P O Box 5400  
Carol Stream, IL 60187-5400

## ADMINISTRATIVE ORDER NUMBER 200A009307

Thirty (30) days from the date of mailing or delivery of this order, an Order/Notice to Withhold Income for Child Support shall be issued, unless a timely appeal has been filed with the Department. The execution of any notice for withholding of income for payment of support does not relieve the Obligor of the obligation for payment of the full amount ordered for support.

- B. Health insurance coverage for the child is not ordered, no premiums due. When insurance is ordered the obligor shall maintain insurance until further ordered. If this order requires the Obligor to provide health insurance coverage for the child other than through a plan available through an employer, labor or trade union, the Obligor shall within 30 days of receiving notice of this Order, mail written proof of insurance or proof that an application for insurability was made to:

IL Dept of Healthcare and Family Services  
Third Party Liability Section  
P O Box 19142  
Springfield, IL 62762-9142

Notify the Department, within seven (7) days, of changes to any address or employment or changes to the name and address of the employer or source of income; any changes in Social Security Number; changes to health insurance coverage provided through the new employer or other group or independent coverage; and if changes in the insurance occur, the policy name and number and the name(s) of the person(s) covered under the policy. The Obligor shall send the information to:

IL Dept of Healthcare and Family Services  
Division of Child Support Enforcement  
P O Box 19406  
Springfield, IL 62794-9406

- C. IF YOU DO NOT AGREE WITH THE TERMS AND CONDITIONS OF THIS ORDER: The Obligor OR the Obligee has 30 days from the date of mailing or delivery of a copy of this Order in which to request an appeal for one or more of the following reasons and receive a hearing following 89 Ill. Adm. Code 104.102. A request may include but is not limited to:

1. An error in the determination of financial ability or the calculation of support or reimbursement of public assistance; or
2. Misidentification of the Obligor.

Request for an appeal must state in writing the reason(s) for the appeal and be filed with the Division of Child Support Enforcement Regional Office at the address listed below.

IF THERE IS A SUBSTANTIAL CHANGE IN CIRCUMSTANCES: The Obligor or the Obligee may request modification of this Order anytime that a change in the financial circumstances of the Obligor materially affects the ability to support. Any request for modification must be filed in writing with the Division of Child Support Enforcement Regional Office at the address listed below and must state the change in circumstances justifying modification.

The first weekly payment is due June 2, 2007.

DATE 1/16/08

[Signature]  
Authorized Representative

(X) I agree to the terms and conditions of the foregoing Order and I waive my right to appeal.

DATE 1/16/08

Calvin E. Bonfanti  
Obligor's Signature

32 West Randolph, 10th Floor  
Chicago, Illinois 60601